PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) 020979-001610US	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Appl	lication Number 10/612,325		Filed July 1, 2003	
For METHODS AND DEVICES FOR LUMINAL AND SPHINCTER AUGMENTATION				
Art U	Jnit 3735		Examiner LUSTUS	SKY, SARA
	is a request under the provisions of 37 CFR 1.136(a ication.	a) to extend the per	iod for filing a reply in	the above identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		Fee	Small Entity Fee	-
ľ	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
-	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u></u>
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
İ	Five months (37 CFR 1.17(a)(5))	\$2160	\$ 1080	\$
\boxtimes	Applicant claims small entity status. See 37 CFR	t 1.27?		
	A check in the amount of the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached.			
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or creating Deposit Account Number 20-1430 . I have enclosed a duplic WARNING: Information on this form may become public. Credit card information should not provide credit card information and authorization on PTO-2038.				y of this sheet.
l a	m the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
	attorney or agent of record. Reg			
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
		_	Octobe	er 3, 2006
	Signature		***************************************	Date
ç	James M. Heslin, Reg. No. 29,541 Typed or printed name	<u></u>	***************************************	26.2400 ne Number
NOTE	Signatures of all the inventors or assignees of record of the entire	a lateract or their regrese	<u>*</u>	
one sig	gnature is required, see below.	Antigreat or men suproce.	Hamhalah ara tadaiseer aser	त्राप्त समाप्तराहर स्थापन स्थापन स्थापन
	Total of forms are sub	amitted.		